SPEECH

TOBACCO CONFERENCE 1990

FORUM FOR PROFESSIONALS

MISSOURI COALITION ON SMOKING AND HEALTH

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C. EVERETT KOOP, MD

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GREETINGS, ETC.

A THOUSAND AMERICANS WILL STOP SMOKING TODAY....

THEIR FUNERALS WILL BE HELD WITHIN THE NEXT THREE OR FOUR DAYS.

THAT'S THE WAY I HAVE STARTED A NUMBER OF LECTURES ON SMOKING.

IT GETS PEOPLE'S ATTENTION.

I FEEL I HAVE TO SAY SOMETHING DRAMATIC TO GET THEIR ATTENTION.

▶I SHOULDN'T HAVE TO.

WHAT IS IT ABOUT TOBACCO THAT NUMBS THE AMERICAN PEOPLE?

IF ANYTHING ELSE KILLED 390,000 OF OUR FELLOW-CITIZENS EACH YEAR, THE PUBLIC WOULD <u>DEMAND</u> ACTION FROM OUR GOVERNMENT.

INSTEAD, TOBACCO HAS, FROM THE BEGINNING, BEEN CODDLED BY OUR GOVERNMENT.

THIS DISTINGUISHED AUDIENCE KNOWS ABOUT THAT, AND AS A PHYSICIAN AND FORMER PUBLIC HEALTH OFFICER, I DON'T WANT TO RAISE YOUR BLOOD PRESSURE --OR MAKE YOUR BLOOD BOIL-- BY REVIEWING THE SORRY STORY IN GREAT DETAIL.

BUT IN A FEW WORDS, I'LL REMIND YOU THAT TOBACCO HAS
BEEN ASSOCIATED NOT ONLY WITH DISEASE AND DEATH, BUT
ALSO WITH MONEY.

THAT, OF COURSE IS THE REASON FOR ITS SPECIAL TREATMENT.

TOBACCO WAS THE CASH CROP THAT FINANCED THE AMERICAN REVOLUTION --THOSE VIRGINIA PLANTERS FETCHED A GREATER RETURN FOR TOBACCO LEAVES THAN DID THE HARDY NEW ENGLANDERS FOR THEIR PUMPKINS.

CONGRESS HAS BEEN HELD HOSTAGE EVER SINCE.

DESPITE THE SINISTER ASSOCIATIONS, FIRST WITH SLAVERY, AND LATER WITH CANCER AND HEART DISEASE, AMERICAN TOBACCO HAS ENJOYED GOVERNMENT PROTECTION.

TOBACCO MONEY EXPLAINS THE RELUCTANCE OF CONGRESS TO
TOLERATE ANY REGULATION OF TOBACCO, SO IT HAS BEEN
DECLARED TO BE NEITHER A FOOD, NOR A DRUG, NOR A
COSMETIC.

ANY SPEECH ON SMOKING BECOMES A "GOOD NEWS/BAD NEWS" STORY.

THE GOOD NEWS IS THAT WE ARE --AT LAST-- WINNING THE WAR AGAINST TOBACCO.

THE BAD NEWS IS THAT THERE ARE MANY BATTLES STILL TO FIGHT.

IN MY FINAL YEAR AS YOUR SURGEON GENERAL I WAS
PRIVILEGED TO COMMEMORATE WITH A SPECIAL REPORT THE
25TH ANNIVERSARY OF THE FIRST SURGEON GENERAL'S REPORT
ON SMOKING.

THAT FIRST, HISTORY-MAKING REPORT WAS TITLED "SMOKING AND HEALTH: THE REPORT OF THE ADVISORY COMMITTEE TO THE SURGEON GENERAL." IT WAS RELEASED TO THE PUBLIC ON JANUARY 11, 1964, BY THE LATE DR. LUTHER L. TERRY, A COURAGEOUS PHYSICIAN WHO WAS SURGEON GENERAL OF THE U.S. PUBLIC HEALTH SERVICE AT THAT TIME.

HOW MUCH DID WE REALLY KNOW IN 1964 ABOUT SMOKING AS A CAUSE OF CANCER?

AND HOW MUCH DO WE REALLY KNOW TODAY?

LET ME BEGIN BY OBSERVING THAT THE FIRST REPORT BY DR.
TERRY

DID NOT INITIATE A RESEARCH PROGRAM LINKING SMOKING
WITH MAJOR DISEASE CONDITIONS. SUCH RESEARCH WAS
ALREADY GOING ON.

MEDICAL CONCERN ABOUT SMOKING DID NOT POP OUT OF
NOWHERE IN 1964. LONG BEFORE THAT THERE WAS A CORE OF
CONCERNED PHYSICIANS, ESPECIALLY CONCERNED ABOUT THE
CLEAR CONNECTIONS BETWEEN LUNG CANCER AND SMOKING IN
THEIR MALE PATIENTS.

DR. TERRY'S REPORT GAVE NEW ENERGY AND NEW DIRECTION
TO AN ALREADY IMPRESSIVE RESEARCH EFFORT.
IN FACT, AS OF 1964 THERE WERE 7,000 ARTICLES IN THE WORLD
BIOMEDICAL LITERATURE DEALING WITH THE LINKAGE
BETWEEN SMOKING AND HEALTH.

AFTER REVIEWING THOSE RESEARCH PAPERS, THE SURGEON GENERAL'S ADVISORY COMMITTEE CAME TO THE FOLLOWING CONCLUSIONS ABOUT CIGARETTE SMOKING IN 1964:

FIRST, THAT MEN WHO SMOKED HAD AN OVERALL HIGHER MORTALITY RATE THAN MEN WHO DID NOT SMOKE.

SECOND, THAT SMOKERS HAD INCREASED MORTALITY RATES

FROM CORONARY HEART DISEASE, CEREBROVASCULAR DISEASE,

AND OTHER CARDIOVASCULAR DISEASE CONDITIONS.

THIRD, THE ADVISORY COMMITTEE SAID CIGARETTES WERE A
MAJOR CAUSE OF CHRONIC BRONCHITIS AND CONTRIBUTED TO
THE HIGH MORTALITY RATE FOR EMPHYSEMA.

FOURTH, THE COMMITTEE SAID -- IN 1964, REMEMBER -- THAT
CIGARETTE SMOKING WAS THE MAJOR CAUSE OF LUNG CANCER
IN MEN AND MAYBE FOR WOMEN, ALSO.

FIFTH, THE COMMITTEE ALSO SAID THAT SMOKING WAS, AT THE VERY LEAST, A CONTRIBUTING CAUSE OF ESOPHAGEAL CANCER, BLADDER CANCER, AND PANCREATIC CANCER, AND THAT PIPE SMOKING CONTRIBUTED TO CANCER OF THE LIP AND THE ORAL CAVITY.

FINALLY, THE COMMITTEE CONCLUDED THAT "CIGARETTE SMOKING IS A HEALTH HAZARD OF SUFFICIENT IMPORTANCE IN THE UNITED STATES TO WARRANT APPROPRIATE REMEDIAL ACTION."

SUCH "APPROPRIATE REMEDIAL ACTION" WAS TAKEN ALMOST IMMEDIATELY. THE UNITED STATES CONGRESS SOON PASSED A LAW REQUIRING ALL CIGARETTE PACKAGES TO CARRY THE FOLLOWING MESSAGE:

"CAUTION: CIGARETTE SMOKING MAY BE HAZARDOUS TO YOUR HEALTH."

SIX YEARS AFTER THE RELEASE OF THE FIRST REPORT ON SMOKING AND HEALTH, THE CONGRESS ENACTED A SWEEPING LAW THAT BANNED CIGARETTE ADVERTISING FROM RADIO AND TELEVISION.

THE NEW LAW ALSO TOUGHENED UP THE HEALTH WARNING ON CIGARETTE PACKAGES. THE NEW LANGUAGE SAID...

"WARNING: THE SURGEON GENERAL HAS DETERMINED THAT

CIGARETTE SMOKING IS DANGEROUS TO YOUR HEALTH."

HOW DID THAT COME ABOUT?

BY 1970, WHEN THE NEW LAW WAS PASSED, THE ORIGINAL BASE
OF 7,000 RESEARCH ARTICLES HAD ALMOST TRIPLED -APPROXIMATELY 19,000 RESEARCH PAPERS WERE THEN IN THE
INTERNATIONAL LITERATURE -- AND THE NEW MATERIAL WAS
ALSO VIRTUALLY UNANIMOUS IN IDENTIFYING CIGARETTES AS
THE MAJOR CAUSE OF MORBIDITY AND MORTALITY ACROSS A
BROAD SPECTRUM OF DISEASE CONDITIONS.

THE NEW INFORMATION NOT ONLY CONFIRMED THE FINDINGS
PUBLISHED IN 1964, BUT ALSO IT LINKED CIGARETTE SMOKING
TO PANCREATIC, GASTRIC, RENAL, AND CERVICAL CANCERS.
CIGARETTES WERE ALSO IDENTIFIED AS THE CHIEF CULPRIT IN
ATHEROSCLEROSIS ... IN PEPTIC ULCERS ... IN COMPLICATIONS
OF PREGNANCY ... IN INTERACTIONS WITH ALCOHOL AND
CERTAIN PRESCRIPTION DRUGS ... AND SO ON.

IN OTHER WORDS, 6 OR 7 MORE YEARS OF RESEARCH <u>DID NOT</u>

WEAKEN OR COMPROMISE THE EARLIER FINDINGS. IT MADE

THEM <u>ALL THE MORE FORMIDABLE</u>.

BY THE TIME I ARRIVED IN WASHINGTON IN 1981 TO TAKE UP THE POSITION OF SURGEON GENERAL, THERE WERE NEARLY 50,000 PIECES OF PUBLISHED RESEARCH WORLDWIDE.

AND AGAIN, THE OVERWHELMING MAJORITY OF THAT RESEARCH ONLY STRENGTHENED THE PUBLIC'S CASE AGAINST SMOKING.

THE EVIDENCE AGAINST SMOKING BUILDS EVERY YEAR, AND THE AMERICAN PEOPLE ARE BELIEVING IT.

AS YOUR SURGEON GENERAL I RELEASED 8 ANNUAL REPORTS ON SMOKING. THEY HAVE DEALT WITH CANCER, CARDIOVASCULAR DISEASE, CANCER IN WOMEN, SMOKING IN THE WORKPLACE, CHRONIC OBSTRUCTIVE LUNG DISEASE, INVOLUNTARY SMOKING OR WHAT IS SOMETIMES CALLED "PASSIVE SMOKING," AND THE ADDICTIVE QUALITIES OF NICOTINE.

EACH ONE HAS ITS OWN SPECIFIC AND IMPRESSIVE DATA BASE.

TODAY, THE SMOKING-AND-HEALTH RESEARCH BASE IS STILL GROWING. NOW IT IS COMPRISED OF MORE THAN 60,000 PUBLISHED ARTICLES. AGAIN, THE VAST MAJORITY QUITE CLEARLY REINFORCES THE FACT THAT CIGARETTE SMOKING IS THE SINGLE MOST IMPORTANT FACTOR BEHIND ACUTE AND CHRONIC MORBIDITY AND PREMATURE MORTALITY AMONG ADULTS.

OR, IN OTHER WORDS, CIGARETTE SMOKING IS THE SINGLE
MOST IMPORTANT REASON WHY AMERICANS GET SICK, THE
SINGLE MOST IMPORTANT REASON WHY THEY DIE BEFORE THEY
SHOULD.

AS THIS RESEARCH BASE EXPANDED, SO DID OUR EFFORTS TO EDUCATE THE PUBLIC ... TO GET THOSE WHO SMOKE, TO STOP ... AND THOSE WHO DON'T SMOKE, TO NEVER START.

IN 1984, I WAS PERSONALLY SO CONVINCED BY THE DATA

ACCUMULATED THUS FAR THAT I CALLED UPON MY FELLOW

CITIZENS TO MAKE THE UNITED STATES A "SMOKE-FREE SOCIETY

BY THE YEAR 2000."

WE'LL ACHIEVE THAT SMOKE-FREE SOCIETY BECAUSE WE WILL GRADUATE A CLASS FROM HIGH SCHOOL IN 2000 THAT WILL HAVE HAD 12 YEARS OF ANTI-SMOKING HEALTH MESSAGES.

IT STARTED THE YEAR BEFORE LAST, IN THE FIRST GRADE.

TEACHING CHILDREN THAT YOUNG WILL ENABLE US TO WIN.

THE SURGEON GENERAL'S REPORTS ON SMOKING AND THE

WORKPLACE AND ON INVOLUNTARY SMOKING WORKED

TOGETHER TO GIVE THE MILITANT ANTI-SMOKERS NEW AND
POWERFUL WEAPONS.

THE NONSMOKER WAS MERELY IRRITATED AT FIRST...THEN
BECAME ANNOYED...AND THEN TURNED MILITANT.
STUDIES INDICATING THAT PASSIVE SMOKING LED TO 46,000
DEATHS ANNUALLY (3,000 FROM LUNG CANCER, 11,000 FROM
OTHER CANCERS, 32,000 FROM HEART DISEASE) MADE THE NONSMOKER MILITANT ...AND SUCCESSFUL IN ACHIEVING CHANGES
IN SOCIAL CUSTOMS AND IN LOCAL AND STATE LAW.

AS OF MID-1988 MORE THAN 230 LOCAL COMMUNITIES HAD ADOPTED REGULATIONS RESTRICTING SMOKING IN PUBLIC PLACES, A THREE-FOLD INCREASE IN THREE YEARS.

THE MOST RECENT VICTORY IS THE AIRLINE SMOKING BAN THAT BECAME EFFECTIVE JUST LAST WEEK (FEB 25, 1990).

OF THE 16,000 DAILY FLIGHTS IN THE USA, ONLY 28 SLIP

THROUGH THE BAN, ALLOWING SMOKERS TO FOUL THE AIR.

AND NORTHWEST AIRLINES VOLUNTARILY KEEPS THE CABIN AIR SMOKE-FREE ALL THE WAY TO HAWAII.

AND REMEMBER, LAST NOVEMBER A TOUGH LOCAL SMOKING CONTROL ORDINANCE WAS APPROVED BY THE VOTERS IN GREENSBORO, N.C., IN SPITE OF HEAVY OPPOSITION BY TOBACCO COMPANIES.

IF THE TOBACCO COMPANIES CAN BE BEATEN IN NORTH CAROLINA, THEY CAN BE BEATEN ANYWHERE!

SMOKING HABITS HAVE CHANGED.

IN 1964 OVER HALF OF ADULT AMERICANS SMOKED.

WHEN I BECAME SURGEON GENERAL IN 1981, THE NUMBER HAD

DECLINED TO 33 PERCENT.

BETWEEN 1964 AND 1985 APPROXIMATELY THREE-QUARTERS OF A MILLION SMOKING-RELATED DEATHS WERE AVOIDED OR POSTPONED BY DECISIONS TO QUIT OR NOT TO START SMOKING.

EACH POSTPONED DEATH REPRESENTED AN AVERAGE GAIN OF 2
DECADES OF LIFE EXPECTANCY.

NEARLY HALF OF ALL LIVING ADULTS WHO HAVE EVER SMOKED HAVE QUIT.

FIFTEEN YEARS AGO, AT MEDICAL MEETINGS, WHERE DOCTORS SHOULD HAVE KNOWN BETTER, THE AIR WAS BLUE WITH SMOKE.

NOW YOU RARELY SEE A PHYSICIAN SMOKE;
THE ONLY SMOKE AT MEDICAL MEETINGS COMES FROM THE

SPOUSES. DOCTOR'S WIVE)

FEW THINGS BRINGS ME AS MUCH SATISFACTION AS THE DRAMATIC DECREASE IN SMOKERS DURING THE LAST 8 YEARS, FROM 33 PERCENT TO 26 PERCENT.

BUT THERE IS MORE TO DO.

THERE IS STILL PLENTY OF BAD NEWS.

SMOKING IS STILL THE SINGLE MOST DEADLY "HABIT" ...

ASSOCIATED WITH HIGHER MORTALITY AND ILLNESS THAN

DRUGS, AUTOMOBILES, AND AIDS <u>COMBINED</u>.

ALL THE AIDS PATIENTS WHO HAVE DIED SINCE WE KNEW ABOUT THE DISEASE, 8 YEARS, EQUALS THE SMOKING DEATHS OF ONLY 4 MONTHS.

THE NUMBERS OF DEATHS ANNUALLY ATTRIBUTABLE TO
SMOKING HAVE RISEN WITH EACH SURGEON GENERAL'S REPORT.

THE NEWEST STATISTICS, THE NEWEST STUDIES ARE GRIM.

THEY DOCUMENT CONCLUSIVELY THE <u>CAUSAL</u> RELATIONSHIP

BETWEEN SMOKING AND CANCER OF SEVERAL ORGANS.

SMOKING IS A CLEARLY ESTABLISHED CAUSE OF CANCER OF THE

LUNG, LARYNX, ORAL CAVITY, AND ESOPHAGUS.

SMOKING ELEVATES THE DEATH RATES FOR CANCERS OF THE

BLADDER, KIDNEY, PANCREAS, STOMACH, AND CERVIX.

ESTABLISHED AS A <u>CAUSE</u> OF LUNG CANCER IN NON-SMOKERS.

PIPE AND CIGAR SMOKERS SUFFER HIGHER RISKS --SOMETIMES

EXCEEDING THE RISKS OF CIGARETTE SMOKERS-- FOR CANCER

OF THE ORAL CAVITY, LARYNX, PHARYNX AND ESOPHAGUS.

THE DATA BASE FOR THESE CONCLUSIONS IS VOLUMINOUS AND UNASSAILABLE, TRACKING MORE THAN 2 MILLION INDIVIDUALS IN ALL 50 STATES.

THE EVIDENCE MAKES CLEAR THE INCREASED MORTALITY RISK FACTORS CAUSED BY SMOKING: MALE SMOKERS EXPERIENCE A 22-FOLD GREATER LUNG CANCER MORTALITY RISK THAN MALE NON-SMOKERS;

AMONG WOMEN SMOKERS THE LUNG CANCER RISK IS 12 TIMES GREATER.

FORMER SMOKERS ENJOY LOWERED MORTALITY RISKS, THOUGH NOT AS LOW AS NON-SMOKERS.

WHILE THE STUDIES REVEAL A DOUBLED LUNG CANCER RISK
FOR MALE SMOKERS, AND A 4-FOLD INCREASE LUNG CANCER
RISK FOR SMOKING FEMALES, THE LUNG CANCER MORTALITY
RATE FOR NONSMOKERS REMAINED UNCHANGED FOR BOTH MEN
AND WOMEN DURING THE YEARS COVERED BY THE STUDIES.

THE TOTAL NUMBER OF SMOKING-RELATED CANCER DEATHS WE CAN EXPECT IN 1990 WILL APPROACH 175,000.

THIS AMOUNTS TO 35 PERCENT OF ALL CANCER DEATHS.

THESE, TRAGICALLY, ARE "EXCESS" OR PREMATURE DEATHS.

THESE 175,000 DEATHS WOULD NOT BE EXPECTED THIS YEAR IF

TOBACCO USERS EXPERIENCED THE SAME DEATH RATES AS

THOSE WHO DO NOT USE TOBACCO.

OF COURSE, CANCER IS NOT THE ONLY PROBLEM.

CIGARETTE SMOKING ALSO LEADS TO DEATH FROM CORONARY HEART DISEASE.

AND ALTHOUGH THE SMOKING-RELATED RISK FACTOR FOR
CORONARY HEART DISEASE IS LOWER THAN THAT FOR CANCER,
THE NUMBER OF SMOKING-RELATED CORONARY HEART DISEASE
DEATHS IS LARGE SIMPLY BECAUSE CORONARY HEART DISEASE
REMAINS THE GREATEST SINGLE CAUSE OF DEATH IN OUR
SOCIETY.

SMOKING ACCOUNTS FOR ABOUT 21 PERCENT OF THOSE DEATHS.

HOWEVER, THIS DARK CLOUD HAS A SILVER LINING.

THE PRESENT CORONARY HEART DISEASE AGE-ADJUSTED DEATH

RATE IS 50 PERCENT LOWER THAN IN THE 1960s; THE REDUCTION

IN SMOKING IS A MAJOR FACTOR IN THIS DECLINE.

QUITTING SMOKING REDUCES MORE SIGNIFICANTLY THE RISK FOR CORONARY HEART DISEASE THAN THE RISK FOR LUNG CANCER.

FIVE OR TEN YEARS OFF CIGARETTES GIVES A RISK FACTOR SIMILAR TO THAT FOR THOSE WHO NEVER SMOKED.

THIS DECLINE HAS PROGRESSED TO THE POINT WHERE LUNG CANCER, NO LONGER CORONARY HEART DISEASE, IS THE SINGLE LARGEST CAUSE OF EXCESS MORTALITY AMONG AMERICAN SMOKERS.

CONTINUING OUR GOOD NEWS/BAD NEWS THEME, THAT GOOD NEWS --ABOUT LOWER RATES OF CORONARY HEART DISEASE BECAUSE PEOPLE HAVE STOPPED SMOKING-- IS FOLLOWED BY SOME NEW BAD NEWS, ESPECIALLY ABOUT WOMEN.

THE CONTINUING INCREASE IN LUNG CANCER AMONG WOMEN SMOKERS IS PARTICULARLY ALARMING BECAUSE THE MAGNITUDE OF THE RISK IS SURPRISING.

WOMEN BEGAN TO SMOKE IN GREAT NUMBERS ABOUT THREE
DECADES LATER THAN MEN, SO WE ARE SEEING ONLY NOW THE
CONSEQUENT INCREASE IN SMOKING-RELATED ILLNESS.

RECENT STUDIES REVEALED A DECLINE IN MORTALITY RATES
FROM LUNG CANCER IN MALES UNDER 55, WHILE AMONG
WOMEN THE RATE <u>INCREASED</u> BY 30 PERCENT.

LUNG CANCER HAS NOW SURPASSED BREAST CANCER AS A CAUSE OF DEATH IN WOMEN.

WE MUST ENVISION A CATASTROPHIC EPIDEMIC OF LUNG
CANCER AMONG WOMEN IN COMING YEARS.
THIS EPIDEMIC IS AS PREVENTABLE AS IT IS PREDICTABLE.
DISCOURAGING STUDIES INDICATE THAT SMOKING IS ACTUALLY
INCREASING IN SOME SECTIONS OF THE FEMALE POPULATION,
AND THAT OVER-ALL SMOKING PREVALENCE AMONG WOMEN
MAY EXCEED THAT AMONG MEN WITHIN 5 YEARS.

A FINAL CONCLUSION OF THE NEWEST RESEARCH IS THAT SMOKING A MAJOR CAUSE OF STROKE (CEREBROVASCULAR DISEASE).

WE ESTIMATE THAT SMOKING IS RESPONSIBLE FOR ABOUT HALF
OF ALL STROKES OCCURRING IN PERSONS UNDER 65 YEARS OLD.

SO, EVEN THOUGH WE'VE MADE PROGRESS, AS A SOCIETY WE'RE

STILL BURDENED WITH THE TREMENDOUS AMOUNT OF

SUFFERING AND HARDSHIP THAT GOES ALONG WITH ALL THESE

DEATHS...

THE PEOPLE OF AMERICA ARE <u>STILL</u> BURDENED WITH THE ECONOMICS OF SMOKING.

WE STILL HAVE TO COME UP WITH THE MONEY TO PAY THE ANNUAL SMOKING-AND-HEALTH BILL OF \$39 BILLION.

THAT'S FOR PERSONNEL AND MEDICAL TECHNOLOGY AND INSURANCE AND LOST WAGES...ALL THE REAL, BASIC COSTS LEVELLED AGAINST US ALL BY DISEASE AND DISABILITY.

SOME 50 MILLION AMERICANS STILL SMOKE, SO OUR EDUCATION
CAMPAIGNS AND OUR SELF-HELP GROUPS MUST CONTINUE
THEIR GOOD WORK.

WE MUST GUARD AGAINST COMPLACENCY, AND INTENSIFY OUR EFFORTS TO ELIMINATE THE GREATEST CAUSE OF PREVENTABLE DISEASE AND DEATH AFFLICTING OUR SOCIETY.

AND THE TOBACCO INDUSTRY HAS NOT GIVEN UP.

I DOUBT THAT YOU CAN FIND A MORE HEAVY-HANDED, OBTUSE,
IMPOLITIC, AND UNTRUTHFUL GROUP OF CORPORATIONS
ANYWHERE IN THE GREAT PANOPLY OF AMERICAN PRIVATE
ENTERPRISE.

ALMOST FROM MY FIRST DAY IN OFFICE, THE INDUSTRY

REMINDED ME AGAIN AND AGAIN -- AND NOT VERY SUBTLY

EITHER -- THAT I OUGHT TO GET OFF MY ANTI-SMOKING "HOBBY-HORSE," AS ONE TOBACCO LOBBYIST CALLED IT, AND PAY

ATTENTION TO OTHER, ALLEGEDLY MORE IMPORTANT PUBLIC

HEALTH MATTERS.

ECHOES OF THEIR COMPLAINTS WERE RELAYED TO ME FROM
THE WHITE HOUSE, THE CONGRESS, AND EVEN FROM MEMBERS
OF THE PRESS, WHO HAVE OFTEN BEEN THE GULLIBLE CARRIERS
OF THE INDUSTRY'S DISASTROUS MESSAGE.

I ALSO READ THEIR DECEPTIVE, FULL-PAGE ADVERTISEMENTS
THAT LIFTED MENDACITY AND HALF-TRUTHS TO A NEW AND
HIGHER LEVEL OF FAUSTIAN ART.

TO BE PERFECTLY HONEST, I DID NOT ASSUME THE POSITION OF SURGEON GENERAL WITH THE CLEAR INTENTION OF BEING SO PRO-ACTIVE AN OPPONENT OF TOBACCO AS I HAVE BEEN. BUT THEN I BEGAN TO STUDY IN SOME DEPTH THE INCONTROVERTIBLE TRUTHS ABOUT THE HEALTH HAZARDS OF SMOKING.

AND I MUST TELL YOU THAT I WAS AT FIRST DUMBFOUNDED AND THEN PLAINLY FURIOUS AT THE TOBACCO INDUSTRY FOR ATTEMPTING TO OBFUSCATE AND TRIVIALIZE THIS EXTRAORDINARILY IMPORTANT PUBLIC HEALTH INFORMATION.

HOW COULD THE TOBACCO INDUSTRY DARE TO DISMISS AS

UNFOUNDED AND UNPROVEN THE ABSOLUTELY CLEAR

CONNECTION BETWEEN SMOKING AND HEART DISEASE ...

BETWEEN SMOKING AND DEATHS FROM STROKE ... BETWEEN

SMOKING AND CANCER OF THE LUNG, THE MOUTH, THE

ESOPHAGUS, AND OF THE STOMACH ... AND BETWEEN SMOKING

AND A DOZEN OR MORE SERIOUS, DEBILITATING, EXHAUSTING,

EXPENSIVE, AND HUMILIATING DISEASES?

HOW COULD THEY DARE TO DO THAT? I WONDERED.

THE ANSWER WAS ... THEY JUST DID.

AND THEY FLAUNTED THEIR ABILITY TO BUY THEIR WAY INTO
THE MARKETPLACE OF IDEAS AND POLLUTE IT WITH THEIR
FALSE AND DEADLY INFORMATION.

AS RECENTLY AS TWO WEEKS AGO, REPRESENTATIVES OF THE

TOBACCO INTERESTS COMPLAINED THAT THE WORD "ADDICTION"

IS INAPPROPRIATELY APPLIED TO SMOKING BECAUSE IT MAKES

TOBACCO SEEM LIKE HARD DRUGS.

THEY KNOW THAT IT IS ADDICTIVE LIKE HARD DRUGS.

THEY ARE AS SLEAZY AS EVER.

THE 1988 SURGEON GENERAL'S REPORT OFFERED IRREFUTABLE
EVIDENCE THAT NICOTINE HAD ALL THE ATTRIBUTES OF AN
ADDICTIVE DRUG ... IN OTHER WORDS, CONSTANT SMOKING WAS
CLINICALLY AN ADDICTION.

POPULAR FOLKLORE HAD PREDICTED SCIENCE:

FOR A LONG TIME PEOPLE HAD TALKED ABOUT GETTING

"HOOKED" -- AS THE SAYING GOES -- ON CIGARETTES, AS THEY

GET "HOOKED" ON HEROIN, COCAINE, MARIJUANA, AND

ALCOHOL.

THE ADDICTION REPORT PRESENTS CONVINCING EVIDENCE THAT
THE PHARMACOLOGIC AND BEHAVIORAL PROCESSES THAT
DETERMINE TOBACCO (NICOTINE) ADDICTION ARE SIMILAR TO
THOSE PROCESSES THAT MAKE COCAINE AND HEROIN
ADDICTIVE.

THE DEFINITIONS USED IN THAT REPORT ARE NOT MINE.

THEY ARE NOT IN ANY SENSE ARBITRARY.

TOBACCO IS AN ADDICTIVE DRUG, ACCORDING TO THE STANDARD DEFINITION OF DRUG ADDICTION ADOPTED BY THE WORLD HEALTH ORGANIZATION, THE AMERICAN PSYCHIATRIC ASSOCIATION, AND THE A.M.A.

IN OTHER WORDS...

- * TOBACCO IS A "MOOD-ALTERING" SUBSTANCE ...
- * SMOKERS ARE COMPULSIVE IN THEIR USE OF TOBACCO ...
- * TOBACCO REWARDS THE USER -- IT IS, THEREFORE, A
 "REINFORCING" SUBSTANCE ...
- * SMOKERS BUILD UP A TOLERANCE TO NICOTINE AND, FROM

 TIME TO TIME, WILL REQUIRE HIGHER DOSE LEVELS TO

 GET THEIR NICOTINE "HIGH" ...

- * PHYSICAL DEPENDENCE CAN OCCUR, WHICH MEANS A
 WITHDRAWAL SYNDROME FOR THOSE WHO QUIT ...
- * AND -- AS WITH HEROIN, COCAINE, AND OTHER ADDICTIVE

 DRUGS -- THE USER WILL VERY LIKELY RELAPSE AND

 RETURN TO THE USE OF THE DRUG.

I FEEL VERY STRONGLY THAT THE PEOPLE OF AMERICA NEED TO BE WARNED REPEATEDLY ABOUT THE ADDICTIVE NATURE OF TOBACCO. AND THE NON-SMOKERS NEED TO DO ALL THEY CAN TO GET THE SMOKERS TO STOP.

NOW, LET'S TALK SPECIFICALLY ABOUT WHAT WE CAN DO.

IF YOU HAVE A BUSINESS, SIT DOWN WITH YOUR EMPLOYEES

NOW, AND SET A TIME-TABLE TO MAKE YOUR WORKSITE SMOKE
FREE. DON'T WORRY ABOUT THE IMPACT ON YOUR BUSINESS.

ONLY GOOD THINGS WILL HAPPEN.

ABOUT TEN YEARS AGO MR. WILBUR MCPHERSON, THE OWNER OF RADAR ELECTRIC CO. OF SEATTLE DECIDED TO RID HIS BUSINESS OF SMOKERS. HE KNEW THAT SMOKERS WERE LESS EFFICIENT, LOST MORE TIME IN ABSENTEEISM, COST MORE IN HEALTH BENEFITS.

SO HE SIMPLY SAID, "NO SMOKING".

MOST OF HIS SMOKING EMPLOYEES QUIT SMOKING.

ABSENTEEISM DROPPED, MAINTENANCE COSTS DROPPED,
.
PRODUCTIVITY WENT UP.

YOU ALL PROBABLY KNOW THE SUCCESS STORY OF THE NON-SMOKERS INN, LOCATED IN DALLAS, ON THE WAY INTO TOWN FROM THE DALLAS-FORT WORTH AIRPORT.

ALTHOUGH SCOFFERS PREDICTED BANKRUPTCY FOR A NON-SMOKERS INN, WITHIN SIX WEEKS THE OWNER USED ONLY BLACK INK.

THE SUPPORTING FIGURES SHOW WHY.

BUSINESS ECONOMISTS HAVE CALCULATED THAT A SMOKING EMPLOYEE COSTS A FIRM ABOUT \$4,600 PER YEAR MORE THAN A NON-SMOKING WORKER.

AND THE SAVINGS ON MAINTENANCE, CLEANING, ETC. CAN AMOUNT TO 41 PERCENT A YEAR.

DOCTORS HAVE AN ESPECIALLY IMPORTANT, PIVOTAL ROLE TO PLAY IN THE FIGHT AGAINST SMOKING IN THIS COUNTRY.

AND IT IS A PROFESSIONAL RESPONSIBILITY DEMANDING A
PERSONAL COMMITMENT AND A PERSONAL APPROACH.

THOSE OF US IN THE ANTI-SMOKING MOVEMENT, THOSE WHO ARE DOING ALL THEY CAN IN CESSATION PROGRAMS SEE THE .

YEAR 2000 AS A GOAL FOR MANY OF US.

MY CALL FOR A SMOKE-FREE SOCIETY BY THE YEAR 2000 HAS
BEEN MATCHED BY THE NATIONAL CANCER INSTITUTE'S CALL
FOR A 50 PERCENT REDUCTION IN CANCER MORTALITY RATES BY
THE TURN OF THE CENTURY.

WE ARE ALREADY IN THE 1990s, SO WE HAVE A LOT TO DO, FAST.

NOW FOR SOME GOOD NEWS.

THE AIM OF OUR EDUCATIONAL EFFORTS HAS CHANGED RECENTLY.

FOR THE LAST 25 YEARS WE HAVE TRIED TO CONVINCE

AMERICANS TO STOP SMOKING --AND NEVER TO START.

NOW WE KNOW THAT MOST SMOKERS --PERHAPS AS HIGH AS 90

PERCENT-- WANT TO STOP.

THEY DON'T NEED CONVINCING.

THEY NEED HELP IN SMOKING CESSATION.

SINCE 1982 THE NATIONAL CANCER INSTITUTE'S SMOKING,
TOBACCO, AND CANCER PROGRAM HAS FOCUSED ITS RESEARCH
ON METHODS OF INTERVENTION:

AMONG THEM ARE:

-SCHOOL-BASED PREVENTION:

WE KNOW THAT THE AVERAGE AGE FOR THE INITIAL

SMOKING EXPERIENCE GETS LOWER EACH YEAR. ANTI
SMOKING EDUCATION MUST BEGIN IN THE ELEMENTARY

GRADES.

-SELF-HELP METHODS:

SEVERAL NATIONAL MAGAZINES RECENTLY HAVE

HIGHLIGHTED THESE UNIQUELY AMERICAN INSTITUTIONS.

THE ADDICTED SMOKERS NEED TO QUIT THEMSELVES.

BUT IT CAN TAKE ABOUT 5 TIMES TO QUIT, SO THEY NEED HELP.

THEY CAN GET IT IN

-COMMUNITY INTERVENTIONS:

AMONG THE MOST PROMISING ARE THOSE OF <u>COMMIT</u>

(COMMUNITY INTERVENTION TRIAL FOR SMOKING CESSATION).

THIS IS A MULTI-FACETED EFFORT BASED ON 11

COMMUNITIES IN THE USA AND CANADA, USING EXISTING

COMMUNITY ORGANIZATIONS LIKE WORKSITE GROUPS,

HEALTHCARE FACILITIES, CIVIC GROUPS, LOCAL MEDIA, AND

SCHOOLS.

ALL THESE GROUPS COOPERATE IN CESSATION EFFORTS

AIMED ESPECIALLY AT PEOPLE WHO SMOKE 25 OR MORE

CIGARETTES A DAY, THOSE WITH THE GREATEST CANCER RISK,

THOSE WHO HAVE THE TOUGHEST TIME QUITTING.

THE IDEA IS TO SURROUND THEM, EVERYWHERE THEY GO,
WITH REMINDERS --AND ASSISTANCE-- TO TAKE CHARGE OF
THEIR LIVES BY CEASING TO SMOKE.

COMMIT ALSO URGES PHYSICIANS TO ASSUME THEIR NATURAL ROLE AS COMMUNITY LEADERS BY BECOMING PART OF THE LOCAL MEDIA.

COMMIT CALLS PHYSICIANS TO BECOME "SMOKING CONTROL MEDIA ADVOCATES".

COMMIT SPOKESMEN ASSERT THAT DOCTORS NEED TO APPEAR ON TV, ESPECIALLY LOCAL TV, TO CARRY THE ANTI-SMOKING MESSAGE, TO URGE PEOPLE TO QUIT.

PEOPLE BELIEVE DOCS ON TV.

(REMEMBER HOW WHEN ROBERT YOUNG TOOK THE JOB OF PLUGGING SANKA, MOST AMERICANS THOUGHT IT WAS DR. WELBY, AND THEY PAID ATTENTION.)

TELEVISION AND RADIO ARE WHAT SHAPE THE AMERICAN MIND.

SMOKING ADS MAY HAVE LEFT THE AIRWAYS, BUT AGGRESSIVE

ANTI-SMOKING MESSAGES NEED TO TAKE THEIR PLACE.

MEDIA ADVOCACY IS ACTIVIST, SURMOUNTING THE THRESHOLD

OF MEDIA RESISTANCE OR INDIFFERENCE, SURMOUNTING THE

OBSTACLES OF PHYSICIAN RELUCTANCE OR INDIFFERENCE.

THE NATIONAL CANCER INSTITUTE ASSIST PROGRAM -
AMERICAN STOP SMOKING INTERVENTION STUDY FOR CANCER

PREVENTION-- FOCUSES ON COMMUNITY-BASED COALITIONS

DEALING WITH ENTIRE STATES OR LARGE METROPOLITAN

AREAS.

THESE CENTERS ARE FUNDED IN EXCESS OF \$100 MILLION TO ENSURE A SUSTAINED IMPACT ON THE LIVES OF MORE THAN 50 MILLION AMERICANS.

ASSIST AMOUNTS TO THE LARGEST INTERVENTION EFFORT EVER UNDERTAKEN BY AN AGENCY OF THE US PUBLIC HEALTH SERVICE.

THERE IS HELP OUT THERE FOR THE SMOKER WHO WANTS TO STOP.

AND FINALLY,

-PHYSICIAN/DENTIST INTERVENTIONS.

THAT LAST-MENTIONED METHOD SHOULD BE OF SPECIAL INTEREST TO ALL THE PHYSICIANS HERE THIS MORNING.

WE KNOW THAT NOTHING IS AS EFFECTIVE IN STOPPING SMOKING AS WHEN A DOCTOR LOOKS A PATIENT STRAIGHT IN THE EYE AND SAYS,

"IF YOU CONTINUE TO SMOKE, YOU'RE GOING TO KILL YOURSELF. YOU NEED TO STOP....NOW."

THAT CAN WORK WHEN ALL ELSE SEEMS TO FAIL.

THERE ARE NEW METHODS TO ASSIST QUITTERS, RANGING FROM AVERSION THERAPY USING ELECTRIC SHOCKS TO EXPERIMENTAL PHARMACEUTICAL AGENTS.

BUT, STILL, 85 PERCENT OF THOSE WHO QUIT. . . JUST DO IT!

I CALL UPON THE PHYSICIANS WHO ARE HERE TODAY TO CARRY
THAT MESSAGE TO EACH OF YOUR PATIENTS WHO STILL SMOKE.

FINALLY, THERE ARE A NUMBER OF PUBLIC POLICY ISSUES THAT DEMAND OUR RESOLUTE ATTENTION AND ACTION.

ONE OF THEM IS CIGARETTE ADVERTISING.

THE ADS HAVE GONE FROM TELEVISION, THANK GOD, -
ALTHOUGH THEY ARE SNEAKING BACK THROUGH VIDEOS-- BUT

CIGARETTE ADVERTISING STILL ASSAULTS OUR SOCIETY IN

PRINT AND BILLBOARDS.

THE TOBACCO INDUSTRY SPENDS \$4,000 PER MINUTE ON PROMOTION (\$2.5 BILLION A YEAR)

ONLY THE GROTESQUE ECONOMIC POWER OF THE
INTERNATIONAL TOBACCO COMPANIES CAN SUSTAIN THIS
OUTRAGE, AS THEY USE ECONOMIC BLACKMAIL TO INTIMIDATE
PUBLISHERS AND GOVERNMENTS.

I AM PARTICULARLY DISTURBED BY CIGARETTE ADVERTISING
THAT TARGETS VULNERABLE GROUPS WITHIN OUR POPULATION:
YOUNG PEOPLE, WOMEN, AND MINORITIES.

CIGARETTE FIRMS MANIPULATE MINORITIES, WOMEN, AND
YOUNG PEOPLE BECAUSE THESE PEOPLE HAVE THE STRONGEST
ASPIRATIONS TO CHANGE THEIR STATUS.

SO THESE ADS ASSOCIATE SMOKING WITH MAKING IT...
IN THE WHITE, OR ANGLO, OR MALE, OR ADULT WORLD.

THEY ASSOCIATE SMOKING WITH A HIGHER ECONOMIC STATUS

(WHEN REALLY HIGHER INCOME GROUPS ARE NOW SMOKING

LESS).

WE KNOW THAT THOSE WITH MORE EDUCATION TEND TO QUIT MORE READILY. "THE MORE YOU KNOW, THE LESS YOU SMOKE." BUT TOBACCO ADVERTISERS ASSOCIATE SMOKING --CONTRARY TO ALL EVIDENCE-- WITH ROBUST ACTIVITY, ATHLETICS, SOCIAL ACCEPTABILITY, SUCCESS, OUTDOOR LEISURE, AND EVEN GOOD HEALTH.

ONE OF THE MORE OUTRAGEOUS ADVERTISING GIMMICKS IS
ONE CIGARETTE COMPANY'S "ALIVE WITH PLEASURE" THEME.
THIS IS CLEARLY AN EFFORT TO UNDERMINE THE SURGEON
GENERAL'S WARNING ON EACH PACK.

TRUTH IN ADVERTISING SHOULD REQUIRE, NOT "ALIVE WITH PLEASURE", BUT "DYING IN AGONY".

IN THE ADVERTISING WARS YOU HEAR A LOT ABOUT PROOF.

THE TOBACCO COMPANIES SAY THAT IT HAS NOT BEEN PROVEN

THAT ADVERTISING INCREASES CIGARETTE SMOKING.

OF COURSE, THE COMPLEXITY OF THIS ISSUE OF HUMAN

BEHAVIOR WILL PROBABLY PRECLUDE THE ESTABLISHMENT OF A

SCIENTIFIC PROOF OF A CAUSAL LINK.

BUT TO MY MIND THE BURDEN OF PROOF SHOULD BE ON THE

TOBACCO INDUSTRY TO SHOW THAT ADVERTISING DOES NOT

INCREASE CONSUMPTION OF A PRODUCT THAT WE KNOW LEADS

TO DEATH WHEN USED AS INTENDED.

IN THE 1850s JOHN SNOW ENDED THE CHOLERA EPIDEMIC IN LONDON BY REMOVING THE HANDLE OF THE BROAD STREET WATER PUMP, 30 YEARS BEFORE THE BACTERIUM CAUSING CHOLERA WAS DISCOVERED.

FORTUNATELY HE DID NOT NEED TO CONTEND WITH A CHOLERA

INSTITUTE THAT DEMANDED THE PUMP KEEP WORKING UNTIL IT

WAS PROVED THAT WATER FROM THE PUMP WAS CAUSING THE

CHOLERA.

AT THIS POINT THE CIGARETTE COMPANIES TROT OUT THE OLD LINE THAT THEIR ADVERTISING IS INTENDED ONLY TO ENFORCE BRAND LOYALTY, AND TO GET CONSUMERS TO SWITCH TO THEIR BRAND.

NO ONE REALLY BELIEVES THAT.

BRAND CHANGERS FORM ONLY A TINY FRACTION OF THE MARKET.

THE REAL PURPOSE OF CIGARETTE ADVERTISING TO IS HOLD ON TO THOSE SMOKERS ALREADY HOOKED --ADDICTED-- AND TO ATTRACT NEW ONES.

IT WORKS.

RECENT STUDIES CONFIRM THAT INCREASED ADVERTISING BRINGS ABOUT A HIGHER DEMAND FOR CIGARETTES IN GENERAL, NOT JUST FOR THE BRANDS ADVERTISED.

WE KNOW ADVERTISING IS EFFECTIVE, AND THEY KNOW IT IS
EFFECTIVE, BECAUSE OF THE BRIEF EXPERIENCE WITH COUNTERADVERTISING IN THE 1960s.

EARLY IN THE DEBATE ABOUT CIGARETTE ADVERTISING ON TV,

THE PUBLIC HEALTH SERVICE RECEIVED EQUAL TIME FOR

COUNTER-ADVERTISING ABOUT THE HEALTH PROBLEMS CAUSED

BY CIGARETTE SMOKING.

THE RESULTS WERE SO DEVASTATING TO THE TOBACCO
INDUSTRY, THAT THE CIGARETTE FIRMS DECIDED THEY WOULD
RATHER HAVE NO ADVERTISING AT ALL ON TV, RATHER THAN
HAVE THE TRUE EFFECTS OF SMOKING BROUGHT BEFORE
AMERICAN VIEWERS.

(I WILL ADD PARENTHETICALLY THAT WE ARE NOW AT ABOUTHE SAME STAGE WITH ALCOHOL ADVERTISING NOW.

FOR THE SAKE OF THE AMERICAN PEOPLE, LET'S HOPE WE CAN MOVE EVEN FASTER TO RESTRICT ADVERTISING FOR THIS OTHER ADDICTIVE DRUG.)

IN CALLING FOR RESTRICTIONS ON CIGARETTE ADVERTISING I
STAND ON COMMON SENSE AND PROVEN HEALTH STUDIES.

I DON'T NEED TO HIDE BEHIND THE FIRST AMENDMENT.

I DON'T NEED TO USE OUR CONSTITUTION AS A SMOKE SCREEN.

AND THE "FREE SPEECH" ARGUMENT USED BY TOBACCO

ADVERTISERS IS A SMOKE SCREEN.

YOU DON'T SEE THESE PEOPLE OUT IN FRONT ON OTHER FIRST
.
AMENDMENT ISSUES.

FREE SPEECH HAS NEVER BEEN AN UNLIMITED RIGHT:
WE ALL KNOW YOU CAN'T YELL "FIRE" IN A CROWDED THEATRE.

FREE SPEECH CANNOT INJURE THE COMMON WELFARE TO SERVE THE COMMERCIAL INTERESTS OF A FEW.

THE FIRST AMENDMENT WAS NOT INTENDED TO ALLOW LIES TO BE FOISTED ON THE PUBLIC.

MOST CIGARETTE ADVERTISING IS LIES.

IT ASSOCIATES WITH ROMANCE, GLAMOUR, ATHLETICS, SUCCESS SUBSTANCES WHICH INSTEAD LEAD TO DISABILITY AND DEATH.

FIRST AMENDMENT PROTECTION IS NOT EXTENDED TO SPEECH ENCOURAGING ILLEGAL ACTIVITY.

TOBACCO ADVERTISERS DEPEND UPON REACHING YOUNG PEOPLE.

MOST OF THOSE WHO SMOKE BEGAN BEFORE THEY WERE TWENTY, OR EVEN 15.

IN OTHER WORDS, THE CONTINUED STRENGTH OF THE TOBACCO MARKET DEPENDS ON THOSE TO WHOM THE PRODUCTS CANNOT BE LEGALLY SOLD.

THEREFORE, RESTRICTIONS ON TOBACCO ADVERTISING MEET
THE CONSTITUTIONAL TEST IN AT LEAST TWO WAYS:

1. IT IS APPROPRIATE TO BAN COMMERCIAL SPEECH THAT IS MISLEADING OR FRAUDULENT.

AND

2. IT IS APPROPRIATE TO BAN COMMERCIAL SPEECH RELATED TO ILLEGAL ACTIVITY.

FOR ALL THEIR TALK ABOUT "FREEDOM", TOBACCO INTERESTS ARE GREAT ENEMIES OF FREEDOM.

FAR FROM BELIEVING IN FREE SPEECH, TOBACCO ADVERTISERS
USE THEIR ECONOMIC CLOUT TO FORCE PUBLISHERS NOT TO
PRINT ARTICLES ABOUT THE REAL CONSEQUENCES OF SMOKING.

CIGARETTE ADVERTISING, FAR FROM ALLOWING FREE CHOICE, ACTUALLY UNDERMINES FREE CHOICE.

NICOTINE ADDICTS DO NOT ENJOY FREE CHOICE.

FINALLY, LET'S BE UP-FRONT ABOUT THE SPECIAL CHALLENGE FACING TOBACCO ADVERTISERS:

MOST PEOPLE WHO USE THEIR PRODUCT WOULD RATHER NOT USE IT.

AS MANY AS 90% WISH TO QUIT.

MANY TOUGH IT OUT, BREAK THEIR ADDICTION, AND SUCCEED IN QUITTING.

THE ADVERTISERS NEED TO REPLENISH THE DIMINISHING SUPPLY OF TOBACCO USERS:

REMEMBER THOSE 1,000 SMOKERS WHO DIE EVERY DAY.

MEANWHILE, ADVERTISERS RECRUIT MORE VICTIMS.

WE MUST ALSO CONCERN OURSELVES WITH THE EXPORT OF TOBACCO PRODUCTS.

I DO NOT BELIEVE THE UNITED STATES WILL EVER AGAIN BE A GOOD MARKET FOR TOBACCO PRODUCTS.

THE CURVE IS GOING DOWN AND ACCELERATING.

BUT IF WE HAVE BEATEN THE CIGARETTE INDUSTRY ON ITS OWN HOME TURF WE'VE DRIVEN THEM TO SCOUR THE REST OF THE EARTH FOR NEW VICTIMS.

THE TOBACCO INDUSTRY -- AS YOU ALL KNOW, I AM SURE -- HAS TARGETED THE LESS DEVELOPED AND DEVELOPING COUNTRIES OF THE WORLD AS THEIR MOST PROMISING MARKETS FOR THE 1990s.

OUR WAR AGAINST DRUGS, TO DEMAND THAT FOREIGN NATIONS
TAKE STEPS TO STOP THE EXPORT OF COCAINE TO OUR
COUNTRY WHILE AT THE SAME TIME WE EXPORT NICOTINE, A
DRUG JUST AS ADDICTIVE AS COCAINE, TO THE REST OF THE
WORLD.

ANOTHER ISSUE OF PUBLIC POLICY ON WHICH WE NEED TO SET
OUR SIGHTS CONCERNS CIGARETTE VENDING MACHINES.
HERE IS ANOTHER EXAMPLE OF THE CODDLED CIGARETTE
COMPANIES.

IT IS ILLEGAL TO SELL BOTH ALCOHOL AND CIGARETTES TO MINORS. THAT IS BECAUSE ALCOHOL AND NICOTINE ARE THE TWO MAJOR LEGAL ADDICTING DRUGS IN OUR SOCIETY.

WE WOULD NEVER TOLERATE SELLING ALCOHOLIC BEVERAGES
IN VENDING MACHINES, BUT SOMEHOW WE TOLERATE
CIGARETTE VENDING MACHINES.

IT IS SAD EVIDENCE OF OUR FAILURE TO TAKE SERIOUSLY THE DANGERS OF SELLING THIS ADDICTING DRUG NICOTINE TO MINORS.

THE CIGARETTE VENDING MACHINES SHOULD BE THE NEXT

TARGET IN THE CRUSADE AGAINST SMOKING.

NO DOUBT IN THE SESSIONS THAT FOLLOW, YOU CAN DEVELOP MORE COMPLETE TACTICS FOR THESE AND OTHER STRATEGIC ISSUES.

I MAY HAVE HUNG UP THE UNIFORM OF THE SURGEON GENERAL,

BUT I HAVEN'T RETIRED FROM THE FIGHT AGAINST SMOKING.

TOGETHER, WE'RE GOING TO WIN IT.

THANK YOU.

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extra stuff in case you need/want to slip it in somewhere:

AND THOSE EFFORTS HAVE BEEN HIGHLY SUCCESSFUL,
THANKS TO THE COMBINED EFFORTS OF ...

- * GOVERNMENT ALL LEVELS -- FEDERAL, STATE AND LOCAL ... * THE HEALTH PROFESSIONS, WITH THE AMERICAN MEDICAL ASSOCIATION ITSELF LEADING THE WAY ...
- * MANY PRIVATE, NON-PROFIT ORGANIZATIONS SUCH AS
 THE AMERICAN CANCER SOCIETY, THE AMERICAN HEART
 ASSOCIATION, AND THE AMERICAN LUNG ASSOCIATION
 HAVE ALSO BEEN INVOLVED NOT ONLY IN EDUCATION BUT
 ALSO IN SMOKING CESSATION PROGRAMS ... * AND
 PRIVATE
 INDUSTRY HAS

BECOME A

PARTNER AS

WELL,

ESPECIALLY

THE

INSURANCE

INDUSTRY,

WHICH OF

COURSE LOSES

MONEY ON

PEOPLE WHO

SMOKE.

THE ROLE OF GOVERNMENT HAS BEEN VERY IMPORTANT

OVER THE PAST 25 YEARS ... IMPORTANT IN BOTH POSITIVE AND

NEGATIVE WAYS. FOR EXAMPLE, ON THE POSITIVE SIDE, ...

* GOVERNMENT HAS RAISED EXCISE AND SALES TAXES

ON CIGARETTES, MAKING CIGARETTES MORE AND MORE OF A PAINFUL POCKETBOOK ISSUE FOR SMOKERS, ESPECIALLY THOSE SMOKERS WHO ARE STILL UNCONVINCED BY THE OVERWHELMING RESEARCH DATA AVAILABLE. EVEN SO, TAXES WOULD HAVE TO BE DOUBLED TODAY, JUST TO KEEP UP WITH INFLATION.

* GOVERNMENTS -- FEDERAL, STATE, AND LOCAL -- HAVE SEVERELY RESTRICTED THE AREAS WHERE PEOPLE CAN SMOKE IN PUBLIC. AT THIS TIME, ALL 50 STATES PLUS THE DISTRICT OF COLUMBIA HAVE SOME KIND OF LAW RESTRICTING SMOKERS IN SOME WAY OR PROHIBITING SMOKING IN CERTAIN PUBLIC PLACES ALTOGETHER.

IT IS NOW ILLEGAL TO SMOKE ON MOST PUBLIC CONVEYANCES ... IN MOST RETAIL STORES AND RESTAURANTS ... IN VIRTUALLY ALL GOVERNMENT BUILDINGS ... IN ALL THEATERS AND SPORTS CENTERS ...

AND IN MANY PLACES WHERE PEOPLE WORK.

* GOVERNMENT HAS ALSO ORDERED NEW AND STIFFER HEALTH WARNINGS TO BE ROTATED AMONG CIGARETTE PACKAGES AND ALL ADVERTISEMENTS. AND I LOOK FORWARD TO "ADDICTION" BEING ADDED TO LABELS BY THIS CONGRESS.

THAT'S QUITE A GOOD RECORD ... AND I'VE JUST TOUCHED

UPON A FEW HIGH SPOTS. BUT GOVERNMENT -- AND HERE I

MEAN JUST OUR NATIONAL GOVERNMENT -- HAS ALSO DONE A

FEW NEGATIVE THINGS. FOR EXAMPLE...

* IT HAS EXCLUDED TOBACCO AND TOBACCO PRODUCTS

FROM CERTAIN REGULATORY ACTIVITIES COVERING

HAZARDOUS OR TOXIC SUBSTANCES AND FROM MOST

PACKAGING AND LABELING RESTRICTIONS, EXCEPT FOR

THE SURGEON GENERAL'S WARNING.

* TOBACCO, BY FEDERAL LAW, IS ALSO NOT

CONSIDERED TO BE EITHER A FOOD, A DRUG, OR ANY

OTHER KIND OF CONSUMER PRODUCT. IT REMAINS A

UNIQUE SUBSTANCE, VIRTUALLY OUTSIDE THE REGULATORY

ENVIRONMENT. AND IN OUR SYSTEM OF GOVERNMENT,

THAT MEANS OUTSIDE STATE AND LOCAL REGULATION AS

WELL.